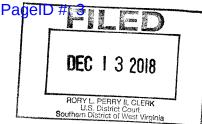
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UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA



Qua	ntel Sounders	355 2727
-		
:		
	the full name of the plaintiff in this action).	(Inmate Reg. # of each Plaintiff)
VERSUS		L ACTION NO. 2:18-cv-1514 ber to be assigned by Court)
Cot Kun	nmer LT Baisden	
COI Eui	nmer LT Baisden ng Dr. Lye	
	e the full name of the defendant ts in this action)	
	COMPL	AINT
I. Prev	ious Lawsuits	
A.		ate or federal court dealing with the same wise relating to your imprisonment?
	Yes	No _X

B.

If your answer to A is yes, describe each lawsuit in the space below. (If there

is more than one lawsuit, describe the additional lawsuits on another piece of

paper,	using the same outline).
1.	Parties to this previous lawsuit:
	Plaintiffs:
	Defendants:
2.	Court (if federal court, name the district: if state court, name the county):
3.	Docket Number:
4.	Name of judge to whom case was assigned:
5.	Disposition (for example: Was the case dismissed? Was it appealed?
	Is it still pending?
6.	Approximate date of filing lawsuit:
7.	Approximate date of disposition:

2. What was the result? <u>Nothing besides all there furties</u>	Place	e of Present Confinement: Mant Olive Correctional Complex
B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes X No C. If your answer is YES: 1. What steps did you take? File grievance for wrong doing, then went to medical. After grievance came back file to then Commissioner 2. What was the result? Nothing begines all there furties Checking the box part t medical not giving ne proper D. If your answer is NO, explain why not: Medical gave me thing that didn't work. And Alus said there wasn't any wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quarantel Sunders 3552121 Address: One mountainside way Mt Olive, W1 25185	Α.	Is there a prisoner grievance procedure in this institution?
Parties (C. If your answer is YES: 1. What steps did you take? File grevance for wrong doing, then went to medical. After grevance came back tile to then Commissioner 2. What was the result? Nothing begines all there parties Checking the box possest t medical not swing ne proper D. If your answer is NO, explain why not: Medical save me thing that didn't work. And Alus said there wasn't any wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quarantel Sunders 3552121 Address: One mountainside way Mt Olive, Wy 25185		Yes _X No
C. If your answer is YES: 1. What steps did you take? File grievance for wrong doing, then went to medical. After grievance came back tile to then commissioner nothing besides all there furties 2. What was the result? Nothing besides all there furties Checking the box good t medical not swing me proper D. If your answer is NO, explain why not: Medical gave me thing that didn't work. And Alws said there wasn't any wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quantel Saunders 3552727 Address: One mountainside way Mt Olive, W1 25185	B.	
1. What steps did you take? File grevance for wrong doing, then went to medical. Heter grevance came back tile to then Commissioner 2. What was the result? Nothing besides all there farties Checking the box people I medical not giving the fraper D. If your answer is NO, explain why not: Medical gave me thing that didn't work. And AWS said there wasn't any wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quantel Sounders 3552727 Address: One mountainside way Mt Olive, WY 25135		Yes No
then went to medical. After greener came back tile to then Commissioner Dothing begides all there farties. Checking the box proper to medical not swing me proper D. If your answer is NO, explain why not: Medical gave me thing that didn't work. And AWS said there wasn't only wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quantel Sanders 3552721 Address: One mountainside way Mt Olive, WY 25185	C.	If your answer is YES:
2. What was the result? Nothing begides all there furties Checking the box people medical not siving he proper D. If your answer is NO, explain why not: Medical gave me thing that didn't Work. And AWS said there wasn't any wrong doing. Parties (In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quantel Saunders 3552727 Address: One mountainside way Mt Olive, WY 25185		1. What steps did you take? File grievance for wrong doing,
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and place your present address in the second blank. Do the same for additional plaintiffs, if any.) A. Name of Plaintiff: Quantel Sunders 3552727 Address: One mountainside way Mt Olive, WV 25185	Parti	work. And AWS said there wasn't any wrong doing.
Address: One mountainside way Mt Olive, WV 25185	and p	lace your present address in the second blank. Do the same for additional
	A.	Name of Plaintiff: Quaintel Sounders 3552727
B. Additional Plaintiff(s) and Address(es):		Address: One mountainside way Mt Olive, WV 25185
	В.	Additional Plaintiff(s) and Address(es):

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C.	Defendant:Kummer
	is employed as: (Cott) Correctional Officer
	at Mount Olive Correctional Complex
D.	Additional defendants: LT Baisden, Cot Ewing
	Correctional Officer at Mount Olive Correctional Compley
	Dr. Lye Doctor at Mount Olive Correctional Complex

IV. Statement of Claim

State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On February 27th 2017 COT Kummer sprayed me in my cell with phantom (Clear Out) with COT Ewing beside him. Officers then left the pad, and left me in the cell for several mins before coming back. I was grayed for no reason at all. I didn't do anything at all. I was not wrote up or save a disciplinary Incident Report. After finally coming to set me out at my cell that they left me in for several minutes with out our, they

IV. Statement of Claim (continued):

I told them what happen, they told the Correctional Officer's

COT Kummer & LT Bousden to make sure I shower & get the

Phantom off my visible & private parts. When I was walked

back to the pool of the curriera was off. Afficer COT Kummer

& LT Builden said you are not setting in the shower Then

I was put back in the same cell that they sprayed

phototom in, for 3 days without being abbe to

work off the phantom. My skin burned the whole (see Attined)

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want these officers & Doctor reprimanded I want
my medical expenses paid for 2 replaced too me.
I wint something to help protect or heal my skin
from these damages. I also want 20,000 dollars
for the mental, physical, emotional, & Anxiety
that all this has all caused me over the last
Year in a half.

emeričian doverné do Nobelova	
	Statement of Claim
	3 days of not showering & fill this day I still have
	Skin problems from being sprayed. I also have had to
	Keep a inholer in my cell at all times it take
	a whole but of breathing treatment due to being left
	with photostom (cleur out). I put a sick call in
and a second control of the second control o	to be checked on about my breathing it my burns. The nurse. I was treated for my breathing problem
and the second section is a second section of the second section section section sections and second section s	But for my skin conditions Dr lave would not treat me
	But for my skin conditions Dr. Lye would not treat me or get me any help. He told me several time he
	will not help me because I got sprayed. The
Me de la constante de la const	Murse it Even told him that see seen the burn
	I matetion on my visible & private parts I am
	Still burning & wrestled when I sweat, use certain
	SUAP or shampoo, or set hat, due to being left in
· Order of the control of the contro	the cell + not being able to shower for 3 days.
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m55-Fabros	

V.	Relief	(continued):
,		
VII.	Couns	sel
	Α.	If someone other than a lawyer is assisting you in preparing this case, state the person's name:
	B.	Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?
		Yes X No
		If so, state the name(s) and address(es) of each lawyer contacted:
Sti	obel	+ Johnson 405 capital st Charleston, WV 25329
Lyr	idia P	Johnson 405 capital st Charleston, WV 25329 Nilnes 325 willey st Margantown, WV 25 26505
/		If not, state your reasons:
	C.	Have you previously had a lawyer representing you in a civil action in this court?
		Yes No X

If so, state the lawyer's	name and address:
Signed this day of	
_	
_	
	Signature of Plaintiff or Plaintiffs
I declare under penalty of perjury that	the foregoing is true and correct.
Executed on 12/8/18 (Date)	•
Signatur	re of Movant/Plaintiff
~~	
Signature of Attorney (if any)	

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

Quantel Saunders	
Your full name	
v.	Civil Action No.: 2:18-cv-1514
To The state of th	
CO Kummer LT Baisden	
COT Kummer LT Baisden COT Ewing Dr. Lye	
Enter above the full name of defendant(s)	in this action
Cer	tificate of Service
I, Quantel Sounders	(your name here), appearing pro se, hereby certify
that I have served the foregoing US dis	That court Southern district of (title of document WY
being sent) upon the defendant(s) by dependent	ositing true copies of the same in the United States mail,
postage prepaid, upon the following cour	isel of record for the defendant(s) on
1 1	(insert date here):
	(msert date nere).
(List name and address of counse	for defendant(s))
	(sign your name)